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THE CASES OF FEVER LATELY OBSERVED IN CUMBERLAND, R. I.
—THEIR SYMPTOMS, NATURE, TREATMENT, &c.

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[Communicated by the Committee of Publication of the Rhode Island Medical Society.]*

I CONSIDER the disease to be continued fever, a disease of *typhoid type*, characterized by adynamy, local inflammations and congestions—the inflammatory stage being brief, debility and nervous depression coming on at an early period.

During this epidemic, I have seen some very mild cases, presenting the phenomena of the synochus of the British authors. I have witnessed others where typhus was the predominant feature, which answered well to the typhus gravior, or putrid and malignant fever of authors, which has sometimes been called camp fever, jail fever, and by us now ship fever, because it has occurred in camps and jails, and because we think it had its origin in persons who have contracted it on board ships, or conveyed it to us from beyond the Atlantic.

The cases that have fallen under my notice have been attended with the usual precursors of continued fever, such as loathing of food, chills, pains in the head and limbs, weariness, depression, vertigo, frequent pulse and a loose state of the bowels, in the majority of instances.

When the disease is fully established, the pulse rises, the breathing becomes laborious, the tongue is dry (in no case has it been black), the urine high colored, the surface of the body very hot, and in the severer cases there is delirium. If there is no amendment, as soon as the ninth day, in the milder form of the fever, the above symptoms are vastly aggravated; the pulse is from 100 to 120 a minute, the strength fails rapidly, the lips and teeth are glued over with a tenacious sordes, there are frequent dark stools, urine copious and pale. In a day or two this class of patients begin to improve, the fur cleans from the lips and tongue, the bowels retain their contents, the patient becomes conscious, and though the tongue and skin remain dry for some days, the violence of the fever subsides, and general improvement takes place. But in the

* This communication was addressed, as a private letter, to the Recording Secretary of the Society. It was thought by him sufficiently valuable to be read before the Society at its annual meeting; and has since been, with the writer's consent, placed at the disposal of the Committee of Publication, those slight alterations being made which were necessary to prepare it for the public eye.

more extreme cases all the bad symptoms are aggravated, petechiæ appear, the pulse is from 120 to 140, sometimes it intermits, the diarrhœa is worse, the breath is offensive, subsultus tendinum, picking of the bed-clothes, strabismus, sighing, muttering, insensible evacuations, oppressed breathing and cold extremities, follow in train, and the patient sinks insensibly. In very bad cases, I think, if there is a continual aggravation of the symptoms from the onset to the seventh day, the system has become so exhausted that there is little hope under any circumstances. If there is no amelioration by the ninth or tenth day, the prospect is very dubious, for the disease has made such inroads, and the prostration is so great, that the chance of recovery is almost entirely cut off. The fatal cases generally die during the first nine or ten days. When I speak of the number of days, I refer to the period which has elapsed since the fever has been fixed, which does not include the premonitory stage.

The mode of attack is variable, and its progress irregular, sometimes coming on suddenly, and attaining its height in a short time; or it may be more insidious in its nature, slower in its march, and less violent in its character. We are to be governed, in making out the *prognosis* (in some degree) by the manner of the first invasion. So far as my observation goes, the most severe cases are ushered in by violent and serious symptoms; and, *vice versa*, the milder cases are introduced with signs less violent and alarming. The strongly-marked character of this fever renders our *diagnosis* comparatively easy, especially in the severer forms of the disease; but in those of an opposite type we shall often be somewhat perplexed in determining the precise nature of it, and more so when it is complicated, as it may be, with phrenitis, pneumonia, gastritis, &c.

When I say this disease is continued fever, of typhoid type, I am well aware that I am taking ground adverse to very respectable authority, for very many term it *typhus* fever. A late journal states that the medical faculty of Maryland, at a recent meeting, appointed a special committee to take into consideration the nature of this fever. The results of their deliberations are that the nature and character of the fever are identical with the typhus fever of the British islands, and that it is unlike the disorder which prevails in the United States and in Continental Europe, generally styled *typhoid* fever.

Now I must doubt even the high authority of the faculty of any State, when they come to such direct conclusions in so *short* a time, particularly in giving these opinions on such a "new" subject (for they say that the disease has been hitherto unknown in America, that it is new here, &c.); and these opinions, or their "report," clashing as they do with the extensive researches of Bancroft, Louis, Chomel, and those whose elaborate investigations in pathology entitle them to great credit, are not to be too hastily received.

The *typhus of camps* is termed typhoid fever by MM. Louis and Chomel. They consider them one and the same disease. The *pathological changes of character*, the *nature* and progress of the fever, are the same, and only vary with the intensity of the fever, as they have shown. "The

term *typhoid fever* is preferred by both these authors, as being most applicable to the Protean shapes of the disease, and as reconciling the conflicting names under which it has hitherto been described."

Another reason why we may doubt these crude opinions, is that there do occur in this State fevers so closely resembling those I have seen at the Alms-house, in their external appearance, that they would be considered the same if found in the same establishment. But these cases are not ship fever. I have treated such cases. Last March I was called to see Mrs. S., aged about 30. She had been suddenly seized with fever about twelve hours previous to my first visit. She complained of general pain, rigors and intense headache. Prescribed an emetic of ipecac., cold to the head, and sinapisms to the feet. The next morning I found her suffering from extreme prostration, lying almost insensible, pulse 120. Prescribed stimulants, renewed the sinapisms, applied the same to the ankles, recommended sponging the body with cold water, to cut the hair and keep the head cool. She gradually grew worse; about the ninth day diarrhoea set in, and my friend Dr. Clapp, of Pawtucket, was called in consultation. He found her very feeble, pulse 140, tongue dry, a dark sordes about the teeth, and petechiæ (the typhoid eruption of MM. Louis and Chomel) had appeared. This patient recovered; her fever continuing about two weeks. Had she been an emigrant, her disease might with much propriety have been christened ship fever; but she was a New-England woman, she had not been exposed to contagion, and therefore her fever was typhoid.

About a year ago, I had a case of fever with decidedly putrid symptoms—Miss E., of Sinking Fund Village. My much-esteemed friend, Dr. Usher Parsons, of Providence, saw the patient three times. I know he will concur with me in the opinion that her fever was of a more putrid character than any that he saw at the Asylum in Cumberland, except the case of Mr. Vallet, the Superintendent of that institution, who has since died; and he saw five or six fever patients during his visit to Cumberland. In the case of Miss E. the nervous prostration was great, the typhoid eruption distinct. If this had occurred in the town's poor house, and had the patient lately crossed the Atlantic (*this year*), we might have styled it malignant fever; but it was an American girl, who had been well fed, &c., and she had the disorder before ship fever was known in this country!

With regard to the contagious character of this fever, there can be no doubt that, under certain circumstances, the disease may be contracted by exposure. Persons who go into crowded and ill-ventilated apartments, where the beds and clothing of the patients are filthy, will be in danger of taking the fever. Under the same circumstances they would contract erysipelas, dysentery, &c. The infectious quality of this fever, in my opinion, resides in the room, the beds, the clothing, and the patient. If the room is thoroughly cleaned and ventilated, the clothing frequently changed, and the body of the patient well washed with cool or tepid water daily, I think there will be very little if any danger in visiting those patients in the capacities of physicians, nurses or neighbors. But

if the rooms are crowded and dirty, the beds foul, and the patients neglected, there will be a strong liability of taking the fever in those persons who are daily exposed to the influence of such a vitiated atmosphere. I do not believe this fever to be one, *sui generis*, "derived exclusively from its own *specific cause*, or contagion."

I suppose that many physicians term this typhus fever, without reflecting a moment on the subject. They seem to be governed by impulse, and so they pronounce it contagious. If fifty persons are exposed to a disease, and five of them take it and forty-five escape, the evidence from such an instance would be very strong against its being contagious; yet some would say that the five were infected during this exposure, though a mountain of evidence stood out to the contrary. In the supposed case, the evidence would be on one side forty-five, on the other five. Now if fifty unprotected individuals are exposed to small-pox, the probability is forty-five would have variola, and five might escape; then the proof of its contagiousness would be reversed. This numerical mode of establishing facts is the only correct way to ascertain the truth—it is a sure and direct way when applied on a large scale. Where our materials are limited, we are not so certain of obtaining correct results, but we shall approximate the truth with somewhat deficient materials.

Upon such reasoning do I base my opinion of the non-contagious character of the fever at the Cumberland poor house. At least fifty persons have been exposed to the fever. Of that number, but three have contracted the complaint. (These three might not have been infected; the circumstance of their having the fever may be merely a coincidence.) So at the present writing the evidence of its being non-contagious is as forty-seven to three—greatly against its being a contagious disease.

All I can say more respecting the question of its being *pure typhus*, is, to quote the names of Hunter, Trotter, Blane, Lind, Bancroft and Dewees, who all declare that typhus fever is a disease of winter, or prevalent during the cold seasons, and "is as certainly arrested by hot, or even by warm weather, as yellow fever is by cold weather, or frost," &c. &c. These opinions at once destroy the idea that the fever here is typhus, also that it is contagious, for no one claims the character of contagion for any fever but typhus.

The first case of fever that occurred at the Asylum was that of an Irish girl, who landed at New York about the first of May last. She came to Valley Falls, where she was taken sick soon after her arrival. She informs me that she had a physician, who bled her for "lung fever." After being sick about ten or twelve days, she was brought to the poor house, and was attended by the lamented Dr. A. Knight, who has since died of the fever, which he is supposed to have contracted during his visits there. All I can tell you further of this case is, I am told she was very sick with the "spotted fever." She has been here about six weeks, and is now slowly recovering.

An Irishman, aged about 40, was seized with a fever about the first of May. In a week or so after the attack, he was brought to the Asy-

lum. He was also attended by Dr. Knight, and I understand his case was considered of the same nature as the girl mentioned above. This man had been in America three years. He lodged with one of his countrymen, who I understand has since died. He is very feeble, and will probably die at the poor house of phthisis.

On Monday, the 7th of June, 1847, I was called to see Mrs. Vallet (whose husband had the charge of the farm and of the poor house). Mrs. V. was a slender woman, subject to pain in the stomach and vomiting. She was afflicted with palpitation of the heart and chronic diarrhoea. When I first saw her, she complained of pain in the region of the stomach, in which was tenderness on pressure. She was vomiting continually. Pulse 100, skin dry. She had not been well for three or four days, and she attributed her indisposition to care and unusual exertion. The vomiting and diarrhoea were better about the sixth day after the attack; no tenderness over the epigastrium; the tongue looked very well; she was thirsty at times; pulse intermittent, and she complained of general distress. She died the eighth day. Her mind was perfectly clear to the last. I did not consider her disease ship fever, though the public have got the impression that she died of typhus.

On the 7th of June, Dr. Knight was expected to visit his patients at the poor house. As he did not come, the next day inquiry was made, and it was ascertained that he was sick. Dr. A. Ballou and Dr. U. Parsons saw him. I did not see him, neither do I know anything about the treatment in his case, though I was informed that he bled himself largely at the onset. He died on the 16th of June, the eighth day from the attack.

During my first visit to Mrs. V. I was requested to see Ann, the maid, who was said not to be very well. I found her case to be fever, pulse 100, skin dry, tongue coated and inclined to dryness. She complained of headache, pain in the back and limbs, and had not been well for two days. As it was night, she being in pain and restless, I prescribed a full dose of pulv. Doveri. In the morning, found her in less distress, although she was sure she should die. She had a tolerable night. Prescribed a cathartic, and after its operation she was to take a weak solution of tart. antim. and sul. morph. once in three hours. Next day her tongue was very dry and coated; pulse 120; no delirium. Prescribed a solution of nit. potass. in gum water, so that she took about five grains of the salt every four hours. Her drinks consisted of as much cold water as she desired, weak tea, bread water, gruel, &c. About the seventh day she was much debilitated. She took the gum water with less nitre. On this day Dr. U. Parsons and Dr. A. Ballou saw her. It was suggested that she take small doses of protoch. hyd. and camphor water. The calomel purged her, and was discontinued next morning. Prescribed nourishing drinks, camphor, sal. nitre, small doses of ipecac. and weak rum sling. Her fever continued to rage; pulse was small and frequent; her mouth filled with a thick sordes, but her mind clear, except she was very stupid. On the evening of the tenth day I found her covered from head to foot with a scarlet rash, her skin rough and dry, pulse small. She was now

delirious. Recommended her to drink freely of gum and camphor water, and take a *little* wine. Ann was decidedly better the next morning, and has been rapidly improving ever since.

I have given you the principal treatment in her case, with the exception of the cold ablutions, which were employed in all cases at least twice daily, and in the more severe cases much more frequently. When the head was hot, cold was applied to that part, and sinapisms to the extremities.

Mr. Vallet was indisposed, but on the 7th of June he attended to his ordinary duties. The next day, his wife being sick, he was obliged to look for help. He rode all day, and came home at night much fatigued; had no inclination for food; complained of pain in the bowels and diarrhœa. The next day it was necessary for him to continue his exertions. I was at the house in the evening, and being apprehensive that he would have a fever, I urged him to take medicine, and not expose himself further. He took an emetic of ipecac. that night, also a Dover's powder after its operation. In the morning I found him much prostrated, laboring under all the symptoms of severe typhoid fever. The diarrhœa was no better. Prescribed lime water, boiled flour, gum water, &c., for drinks, and he was to take the following powder once in two or three hours:—Pulv. Doveri, grs. xij.; acet. plumbi, grs. vj. M. Div. into six powders. Next day his symptoms were about as they have been described, except the diarrhœa was not so bad.

June 10th.—Pulse small (130); surface of the body hot; the tongue, which had been moist and white, was now dry and brown. He was delirious. Prescribed a teaspoonful of spts. nitre every three hours, cold to the head, sinapisms to the feet, and recommended his nurse to wash him all over in cold water twice daily. He grew worse. The seventh day of his sickness Dr. U. Parsons saw him. From that time the plan of treatment was of a decidedly stimulating character. It consisted in the free administration of wine whey, carbonate of ammonia, capsicum, quinine, &c. He died on the 17th of June.

Without doubt the exposure that this patient suffered rendered his fever more violent. He "took a sweat," his sister says, and was out the next day in the rain. Mrs. Vallet, mother of the patient, says she lost a son last fall of the same disease. She says their symptoms were alike. The attending physician called the fever typhus, and Dr. Smith, of Sutton, who was called in consultation, said it was the "English typhus fever." She also informs me that the "spots" on them were alike. Now this son was a farmer in Burrilville; it was nearly a year ago; his case, therefore, could not have been ship fever.

Besides those already mentioned, I have had three other cases at the Asylum. The fever was of the same character, but of milder type. The treatment in those cases has been an occasional cathartic, small doses of calomel and antimony, sal. nitre, ipecac., &c.

I have seen several of these mild cases at Manville during the last spring months. Emigrants, who have friends here, have come to this

village soon after landing. The disease has not spread in those families where these emigrants have remained during their sickness.

The treatment of this fever must depend altogether on the peculiarities of the case. The type of the disease, the constitution and age of the patient, all have a modifying influence. I have not seen a case that required the lancet or even local bleeding. The most dangerous cases would be aggravated by the abstraction of blood in any way.

Emetics I should think were highly useful at the onset. If there was a strong determination of blood to the head, three or four leeches might be applied with safety, and perhaps advantage, before the emetic is given. I should employ ipecac. in most cases.

Cathartic medicines are proper remedies during the first stage of the fever, but they should be used sparingly. I have found one or two doses of laxative medicine sufficient for most persons in this disorder, unless the bowels were unusually costive.

Diaphoretics are of great service; when there was not much prostration, when the febrile symptoms were considerable, I employed antimony in small doses, either alone or combined with nitre or opium. Or I administered ipecac. with sal. nitre. I often gave the nit. pot., *per se*. I used it in the bad cases with a view to its antiseptic properties. I have made extensive use of the nitrate of potash in typhoid fever, and I esteem it one of our most important remedies. Under its influence, the skin and tongue keep moist, the kidneys are stimulated into action, the pulse is softened, and the burning heat of the body relieved. Nitre is a powerful antiseptic. The medicines mentioned above all have a tendency to loosen the bowels. While using them I have not often found it necessary to give cathartics; on the other hand, I have frequently been obliged to give opium when it could be borne, or some astringent, to prevent too loose a state of the bowels. When the diarrhoea was very troublesome, I used minute doses of opium and lead, alternated with a teaspoonful of spts. nit. dulc.

Blisters I have not thought proper to apply. Sinapisms to the feet and ankles were kept on in most instances.

In the early stage of fever there is much good to be derived from affusions or ablutions. I think many bad cases need no other treatment, after an emetic or cathartic has been given, until the sinking stage comes on, when stimulants will be required, such as wine, quinine, capsicum, ammonia, &c.

The external use of cold water should not be continued too long, nor should the use of stimulants be too early; but as soon as the general febrile heat begins to subside, water should be applied with more caution, and the treatment be a little stimulating. As the surface of the body gets cooler, we should substitute *tepid* for *cold* water, and resort to wine whey, ammonia, &c.

The clothing of the patient should be often changed, the bed-clothes aired, the room ventilated, the floor sprinkled frequently with warm vinegar, and the patient should be kept as quiet as possible.

The chief *prophylactic* measures are cleanliness, free ventilation, absti-

nence from bad food and stimulating drinks, avoiding close rooms and night watchings, having a nourishing diet, and the frequent ablutions of the body in cold water. Cold ablutions are spoken of by various writers as being an important agent of this class. So are fumigations of nitric acid, vinegar, &c. We have had no new cases at the poor house since the house was cleansed, whitewashed, &c.

The poor house is situated on high ground, commanding a view, east and west, of at least a mile each way. The road runs north and south (or nearly in that direction), and descends gradually for the first mile to the south. I know of no pond near it, nor any receptacle of filth. There is no wood-land near. The house is ventilated by means of numerous windows and outside doors, which have been kept open for the last two weeks in most of the rooms. It was not thoroughly cleansed till after I had charge of the patients.

The Selectmen have taken no action on the subject; but the overseer of the poor has provided a hospital at Woonsocket for fever patients (emigrants), and I understand there are two cases of the disease at this hospital.

[Dr. Leonard adds, June 28th, 1847—]

There have no new cases occurred at the poor house, nor on Cumberland Hill, since I wrote, though many have been exposed to the infection.

A ship-load of emigrants was landed at New York last week, and six of the passengers, who had friends at Albion Village, found their way there last Saturday. Two are now sick with what I suppose to be the fever. There are three cases of ship fever at Woonsocket, in the hospital under the care of Dr. Dickinson, of that place. I understand that there are about fifteen cases in all at Woonsocket.

There have been no deaths from ship fever at the poor house, except in the instance of Mr. Vallet; the other patients are doing well.

If this fever is the typhus of British authors, why is it not more contagious? Dr. Marsh, Physician to St. Stephens's Hospital, &c., in his "Observations upon the Origin and Latent Period of Fever," gives several cases in proof of the contagiousness of typhus. In the majority of his cases, the patients had the disease immediately after exposure. "The heavy disagreeable odor arising from a person affected with the disorder," &c., in some instances *instantly* caused headache and rigors, followed by fever; others were seized during the first twenty-four or forty-eight hours after exposure. Twelve cases are reported. In all these the exposed persons were aware that they had caught the infection the moment they inhaled it; most of them fell sick as soon as the next day.

Now, this does not correspond with the appearances and results of the present fever. Those who had the care of Dr. Knight and Mr. Vallet, realized offensive "odors," &c.; but as yet no one has taken the fever, and the long period of three or four weeks has elapsed since a hundred (at least), of both sexes, of all ages and conditions, were exposed to the infection.

REMOVAL OF A LARGE SCIRRHOUS TESTICLE FROM A MAN WHILE UNDER THE INFLUENCE OF NITROUS OXIDE GAS.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of the operation was a young man, 24 years of age. He had been afflicted with an enlargement of the testicle for about a year past. Within the last few weeks the disease progressed so rapidly that the lower portion of the gland and scrotum became gangrenous and sloughed. The case was highly unfavorable in every respect, yet believing extirpation to be the only means which could save the man's life, the operation was performed on the 17th of August, the protoxide of nitrogen having been previously administered by Dr. Wells, the discoverer. The patient commenced inhaling the gas at half past 1 o'clock, P. M., and after about one minute from this time the operation was commenced. At the first incision there was a slight manifestation of pain (the full effect of the gas not having yet been received), but from this instant until the diseased mass was removed, and all the bloodvessels secured (there being quite a number which required ligatures), there was not the slightest consciousness of pain on the part of the patient. We were satisfied that this was the fact during the operation, from the placid and happy expression of his countenance, from the entire absence of all muscular efforts, and from the natural and unexcited state of the pulse (this having remained without any apparent variation during the whole period). The operation was necessarily tedious and protracted on account of the great size of the gland, the extensive and firm adhesions of the integuments to the diseased structure, and the unnatural enlargement of several arteries which required ligature. The whole period consumed, from the commencement of the operation until the vessels were secured, was not far from fifteen minutes. On questioning the patient afterwards, he asserted that he experienced a *slightly* painful sensation at the commencement of the first incision, but from that time until the dressings were applied he was entirely unconscious of any pain!

After the operation, he expressed himself as feeling perfectly well, except some smarting in the wound; no pain or other unpleasant feeling in the head or any other part of the body; pulse regular and natural, as before the operation.

August 18th.—Since the operation, the patient has suffered no pain or other unpleasant symptoms. Pulse 82, and moderately firm. Expresses a strong affection for the gas-bag, and an earnest desire to retain it in his possession as the grand balm for the pains and troubles of this life.

The above case affords additional testimony (if this was required) that the nitrous oxide is capable of banishing sensibility in *the most severe operations*, and that, too, without exposing the patient to any of the untoward effects which result from the use of ether. The latter article exerts a more deleterious effect upon the nervous system than the former, as is indicated by the pain in the head, lassitude, &c., which follow its use. Another still more important objection to the use of ether, arises from its injurious effect upon the blood. It has been found by experi-

ment that the arterial blood becomes highly charged with carbon after the inhalation. The effect of this upon the system must be very injurious; for unless the due proportion of oxygen be retained in the arterial blood, diminished nervous force and vital energy, with other states which *at least* predispose to disease, must be induced.

The above objections will not hold good in relation to the nitrous oxide, as its constituents are the same as common air with an increased proportion of oxygen; while the ether bears no analogy to the air, and will therefore be more prone to give rise to injurious consequences. The effect of ether upon the circulatory vessels is in the first instance extremely violent, succeeded by an alarming state of depression in their action. The effect of the gas is much milder upon these vessels, and never need be carried to such an extent as to be followed by any depression.

When Dr. Wells made the great discovery, in 1844, that the inhalation of nitrous oxide gas would render the body entirely insensible to the pain of surgical operations, the question suggested itself to me, as well as some others, of this city, whether sulphuric ether might not answer as good a purpose as the gas. This subject was fully discussed at that time by a number of professional men here, and a trial made with the ether; but the general opinion was then formed, that the nitrous oxide was on many accounts preferable. Numerous trials with both these substances, from that period to the present time, have demonstrated conclusively that this opinion was correct.

I am informed by Dr. J. M. Riggs, of this city, that he has used the gas constantly since Nov., 1844, and with uniform success. He has performed more than one hundred dental operations on patients while under its influence, and with more uniform success than has resulted from the use of the ether.

Dr. Wells has used the gas in only about fifty instances, on account of his relinquishing his professional business for a time. We are assured by both these gentlemen, that in no instance have they been troubled by muscular efforts on the part of their patients. Indeed, it may be asserted with safety, that so far as muscular action is concerned, it possesses a decided advantage over the ether. We are aware that it has been impudently asserted by certain interested persons, who have never given the protoxide a trial in an operation, that the patient will become "dancing mad," &c. &c. But facts prove this to be far from the truth. So far, then, the gas is preferable to the ether.

Another superiority which it possesses over the ether, is that its after-effects are far less unpleasant—less headache, less lassitude, and less depression of the nervous system, always resulting from its use. Ether generally causes troublesome choking and cough; the gas scarcely ever. Ether is objectionable on account of the unpleasant smell which it communicates to the room; the gas possesses no disagreeable odor. Ether abstracts largely from the oxygen of the arterial blood, thus becoming a direct source of disease; the gas has no such effect. Ether gives rise to pains in the head, lassitude, impaired vital energy, and other symptoms indi-

eating serious depression of the nervous system ; the gas rarely produces any of these effects, and if ever, only in a slight degree. In order to produce the full effect of the ether, it is customary to reduce the patient to a state of stupor ; the gas is capable of rendering the body *entirely insensible to the pain of the most severe surgical operation, without putting the patient to sleep, or causing any stupor !* We have often observed patients watch the progress of severe operations upon their own persons, with countenances as smiling and happy as if they were enjoying a delightful treat.

We firmly believe that the gas would have long since entirely superseded the use of the ether, had it not been for the trouble attending its preparation. We trust, however, that in future this slight inconvenience will not prevent the surgeon, who has the welfare of his patient at heart, from making use of the agent so manifestly superior in its effects.

The State Legislature of Connecticut, which has just closed its session, has, after a due consideration of the evidences, fully recognized Dr. Horace Wells, of Hartford, as the sole discoverer, and have passed him a vote of thanks for this great discovery, which consists, as the vote expresses it, in the use of "*nitrous oxide gas or ether in surgical operations.*" Thus the question of priority is finally settled by legislative enactment.

E. E. MARCY, M.D.

Hartford, August 21, 1847.

CASES IN WHICH GREY HAIR REGAINED ITS NATURAL COLOR.

By Robert J. Graves, M.D., Dublin.

A FIELD officer in a distinguished regiment had served for many years in tropical climates ; had undergone the fatigues of the Burmese and other subsequent campaigns in the East Indies, during which he contracted dysentery and fever, and various maladies peculiar to hot countries ; and finally, after many years' service, was obliged to return to Ireland for the purpose of regaining his health. When he consulted me he was worn and emaciated, and complained much of dyspeptic and nervous symptoms, with a constant tendency to bowel complaint. He was then 48 years of age, and his hair had, during a few years preceding, become quite white ; while his forehead, parts of his cheeks, and back of the neck and shoulders, presented many large maculæ of a brown color, nearly as deep as the areola around the nipple of a pregnant woman. In the course of four years he visited me again, having during the interval remained with the depot of his regiment in England, and gradually regained his health under the influence of regimen and his native air. On his second visit I scarcely recognized my former patient. He had become robust and healthy-looking, and the maculæ had altogether disappeared, while his hair had regained its original brown color ; not a single grey hair remained. The hair is now soft and silky, and has continued of its natural color during the last two years ; but it is remarkable that the whiskers have remained white.

In the year 1837 I was called by Dr. Beauchamp to see a gentleman, aged 67, laboring under the then prevalent influenza. He was a strong, hirsute man, and his chest was covered with long white hair, which had been black in his youth. We blistered him on the chest, and when he recovered from the disease the hair on the part that had been blistered grew again, but was now quite black, and has continued so since. I need scarcely add, that he is very proud of this unexpected symptom of returning youth, and readily exhibits to the curious this portion of his chest.

In the year 1845, Mr. Daly, of Henry street, consulted me in the case of a robust shopkeeper, aged about 35, who had a slight attack of apoplexy, followed by incomplete hemiplegia. As the disease exhibited a tendency to relapse, we judged it necessary to establish a permanent drain from the vertex, to which a blister the size of a crown-piece was applied, and the surface was made to discharge for several months by means of Albespeyre's plaster. When his recovery was complete, the blistered part was allowed to heal. I should have remarked that this gentleman was perfectly bald on his forehead, vertex and temples, and the skin of the scalp was smooth and shining. A few weeks after the blister was healed, a growth of hair took place, in the form of a ring, encircling the blistered surface at the distance of two lines.

Miss M., affected for many years with tinea capitis and psorophthalmia. The hair on the vertex had become quite grey, and there were several bald spots in the neighborhood. She was recommended by Mr. Wilde to use the common gas-water as a lotion to her head. After a long-continued use of the remedy, the hair grew on the bald spots, and both it and that on all the affected parts recovered the natural color. This was the more remarkable, inasmuch as the parts of the head to which the remedy was not applied are still covered with grey hair. Mr. Wilde observed a similar restoration of the color of the hair from the use of Donovan's brown citrine ointment.

Mr. B., aged about 35, when first seen, six years ago, had hair of a greyish color, from the intermixture of black and white hairs, the latter in comparatively very small number. He complained that his hair had been getting grey and falling out for some time previous, which he ascribed to bad health, consequent on impaired digestion. Twelve months afterwards the grey hairs had entirely disappeared, his health and strength having, in the meantime, much improved, chiefly by travelling.

Mrs. ———, aged 35, had a very severe attack of fever, after recovery from which her hair turned quite grey, and began to fall out. The head was then shaved, and the shaving was repeated several times, after which there was an abundant growth of hair of the original auburn color.

Dr. Stokes has communicated to me the following fact relative to the hair, and which forms a singular exception to what is usually observed in phthisis. A young lady, of fair complexion and dark hair, became consumptive, and her luxuriant hair rapidly fell and deteriorated, being replaced by a thin, woolly, coarse crop. The tubercular disease proceeded

slowly, lasting about fourteen months. About six weeks before her death, a new crop of hair appeared, if possible more beautiful than her original hair, and grew with such unexampled rapidity, that at the period of her death she had a splendid head of hair. Physiologically it is deserving of remark, that though this young lady had considerably emaciated in her body and limbs, her face and features preserved all the rotundity and plumpness of beauty; the scalp, therefore, was, in all probability, by no means deficient in nourishment. The unexpected appearance of hair excited vain hopes in the breast of the poor patient and her friends, who could not be persuaded that this new product of life was but the forerunner of death.

A friend of mine, a practitioner of great experience, now residing in Athy, came to Dublin to consult me while this paper was in the press. He is 70 years old, and labors under various nervous symptoms, which commenced about two years ago, with *hemicrania* of the right side of the head, attended with a singular and exquisitely painful affection of the right half of the scalp, which was as sore as possible to the touch, and each hair in it felt, as my friend expressed it, like a minute poniard implanted in the skin. Nothing could exceed his agony for four days and nights, during which he never closed an eye; at last a minute pustule, that soon desiccated, appeared round each hair, and in a few days his scalp got well. During the height of the disease the engaged half of the scalp was red, but not erysipelatous. As far as I can understand this remarkable and rare case, it must be considered as an acute inflammation of the bulbs of the hair:—strange enough, it was not followed by a falling out of the hair.

Whatever opinion the reader may have formed as to the relative value of the various theories formed to account for the growth and color of the hair, it seems clear that some practical deductions follow from the foregoing facts. In the first place, it is evident that the growth and color of the hair may be most beneficially influenced by the application of stimulants to the skin; and it is more than probable that numerous cases of baldness and want of color would yield to such an application of stimulants, if we only knew how to proportion the quantity of stimulants to the exigencies of each individual case. There is here a difficulty, probably insuperable, but which still we should try to surmount. Certain it is that many popular remedies which enjoy a great reputation, contain a combination of oily and stimulating substances, such as castor oil, goose-grease and tincture of cantharides. This composition, with the addition of a little sweet-smelling essential oil, often exerts, in my opinion, a decidedly beneficial effect when rubbed into the roots of the hair by means of a piece of flannel. The quantity of the tincture of cantharides should not exceed 3 j. to 5 j., and our object should be by each application to produce a slight evanescent redness while the skin remains anointed with oil. When it is believed to be essential to produce a rapid desquamation of the epidermis, short of vesication, I know no better means than painting over the surface with the tincture of iodine every third or fourth day. A good pomade for the hair consists of equal parts

of castor oil and lard, with the addition of attar of roses, about eight drops to four ounces.

To many it may appear trifling and beneath the dignity of a practical physician to dwell so much on this topic ; but in truth mankind have always attached much importance to this ornament of the human body ; and grey hairs and baldness are to many quite as appalling as real disease, or even death. This feeling is not confined to the moderns, for we find the poets and the moralists of antiquity abound in passages to the same effect. The physician who has witnessed the strange degradation of appearance which follows the shaving of the female head in fever, must acknowledge that the grief of the ancient widow who laid her tresses on the tomb of her deceased husband, had at least a greater show of poignancy than is exhibited by our modern ladies, who on these occasions partially conceal, but never destroy, this cherished ornament. And they are probably right, for the operation of natural causes renders the growth of hair slower than the decrease of sorrow. I was not aware of the great degree of beauty which the hair imparts, until Mr. Clibborn showed me, in the Royal Irish Academy, a skull of a Peruvian female, in which the bones of the face and forehead were as usual exposed, but the desiccated scalp still bore a luxuriant crop of flowing ringlets, which imparted no small degree of beauty even to this death's head. I may here mention, that I once attended a lady upwards of 80 years of age, who exhibited all the usual appearances of withered senility, but who had a magnificent head of coal-black hair. Contrary to what might be expected, she bitterly deplored the circumstance, for this emblem of youth was but ill assorted with every other external sign of old age. "Two years ago," said my patient, "my maid, in combing me, discovered a grey hair. I was overjoyed, and hoped that others would speedily follow, but none have appeared since." She was the only person who ever asked me for a *receipt* to turn the hair grey.

We are aware that the least highly-organized tissues are capable of being reproduced after being destroyed ; now many facts have come under my notice which seem to authorize the conclusion, that when the original stock of bulbs has been destroyed in the scalp, a new stock is frequently manufactured by the powers of nature, and thus an entirely new crop of hair arises. It is well known that cases have occurred where supernumerary teeth have been produced ; and, in the celebrated Countess of Desmond, it was asserted that when the adult set of teeth failed from old age, a rejuvenescence took place, and a third set of teeth appeared. I was always inclined to doubt the truth of this assertion, until my friend Dr. Curran related to me the following particulars respecting his great-grandmother, Mrs. Waterworth. She had always been a remarkably healthy woman, was extremely active in her habits, and died, apparently, of mere senility, aged 95. When about 80, her sight, which for fifteen years previously had been so weak as to prevent her reading, became so completely restored, that at the time of her death she could, without spectacles, thread the finest needle, and read without fatigue or difficulty the very smallest print ; she about the same time got a com-

pletely new set of teeth. The exact number of teeth that grew at this unusual period I have not been able to ascertain; but of the fact, as stated above, there can be no doubt. This rejuvenescence was not consequent on any change of place or habits, but it was accompanied by a very considerable increase of strength, which continued to the last. Dr. Curran has a very curious copy of Mr. Easton's valuable work on Longevity, in which the author has added in manuscript notes many interesting particulars respecting Mary How, of Mapleton, Derbyshire, who at the age of 110, got several new teeth, whilst her hair resumed its former color; Peter Bryan, of Tynan, County Tyrone, who cut several teeth at the age of 117; Lady Angelique Domengieux de Sempe, of Nouillac, in France, who got teeth at 90, and lived thirteen years afterwards; Margaret Melville, of Kelle, Fifeshire, who lived to 117, and got teeth at 100; John Minniken, of Maryport, Cumberland, whose hair grew so abundantly in his old age, that twenty wigs were made of it between his 80th and 112th year; and many similar instances, of many of which Mr. Easton was himself cognizant. These cases are, perhaps, not more extraordinary than that the costal cartilages should not have been ossified in the case of Old Parr, who lived to 152, a fact for which we have the authority of a committee of the Royal Society (among whom was the great Harvey) appointed to make the *post-mortem* examination. As an example of somewhat similar exception to general rules, Dr. Curran permits me to mention the case of his friend, Dr. Harrison, now a practising physician in the Isle of Man, who grew one inch in stature between his 30th and 32d year.—*Dublin Med. Jour.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 1, 1847.

Complaints of the Season.—Dysenteric affections are very general at the North, as they always are at the season of the coming in of new fruits; yet the number of deaths has been comparatively small, which gives reason to suppose that physicians, when seasonably consulted, have been successful in their prescriptions.

Ship fever, which in the month of June excited much alarm, has lost most of its terrors, since experience has demonstrated that it is not so very formidable as was at first apprehended, and that judicious medication, accompanied by appropriate nursing, rarely fails of being successful. It is when patients have undergone a long course of suffering at sea, sustained upon miserable food, and wedged in the hold of a vessel for weeks together, breathing and re-breathing the contaminated atmosphere of a kind of marine prison, that the system gives way to the attacks of ship fever. The paper by Dr. Leonard, on this subject, in to-day's Journal, will be read with interest and advantage.

Report on Fever at Boa Vista.—Boa Vista is a small island of the Cape de Verdes, of some importance to England. During the latter part of 1845 and beginning of 1846, a fever appeared there, attended with a singular fatality, which was believed to have been introduced by H. M. Steam Ship Eclair. Such was the sacrifice of human life, and the terror of the inhabitants, that the subject reached the ears of the Lords of the Admiralty, who at once made proper inquiries, and instituted a commission to make a thorough investigation of the facts in the case. I. O. McWilliam, M.D., a surgeon of the Royal Navy, was selected to visit the Island, to gather such information as would be essential, and report the same on his return. On examination of the document forwarded by Dr. McWilliam, and by the admiralty transmitted to parliament, and subsequently ordered to be printed, ample evidence is found of the confidence so worthily reposed in the author by that body; and, while reading the details of the report, which is exceedingly minute, we came to the conclusion that but few men would have the patience, even had they the scientific ability, to collect such materials, and arrange them with the scrupulous care and tact observable in every page of this work.

In form, the report is a folio, containing 112 pages, accompanied by two maps, illustrative of the position of Boa Vista, in the group to which it belongs, together with other points memorable in the progress of the fever. There is also added a letter by Sir William Pym, relative to the report, addressed to the Lords of the Council. He gives a synopsis of Dr. McWilliam's views, and at the same time presents his own on the character of the two distinct fevers known to exist on the coast of Africa, viz., the yellow, or *Bulam* fever, known to the Spaniards as the *Vomito Prieto*; and the *Welcheren* fever, or remittent, from which seamen suffer in ascending rivers. The latter is the malaria of the Levant, the jungle fever of India, and is developed in all warm climates, in moist, uncultivated lands. Had Sir William been familiar with the diseases of sailors and boatmen on the rivers of our Southern States, and on the Mississippi, even high up, when the water is low, he would doubtless have also referred to this country for a locality in which that wasting disease reigns with almost uncontrolled activity in the summer months.

Boa Vista lies in lat. 16 deg. 5 m. N., and long. 22 deg. 55 m. W. When the steamer Eclair arrived, Aug. 21, 1845, the crew were suffering from a fever that appeared on board in June, while the vessel was stationed at the mouth of the Shebar river. On arriving at Sierre Leone, they were employed in cleaning the hold of the steam ship Albert, which had been employed in the famous Niger expedition. The seamen went on shore during the rains—some remained over night, and others were brought back by the police. Next, the Eclair visited Gambia, Aug. 10, towing the Albert. On the way to Boa Vista, she called at Goree to deliver despatches, but, on account of sickness on board, free intercourse with the shore was interdicted. "Meanwhile," says the report, "the fever was gaining ground. Three of the men, who slept on shore, died. A merchant passenger from Sierra Leone also died, and, Aug. 21st, the day of arrival in port, fifteen new cases appeared—seven proving fatal." After some little formalities, free intercourse with the shore was established, and from that time the disease was rapidly and extensively propagated to Porto Sal Ray, the town of Rabil, Estacia, Provoçao, Velha and the villages of Joao Gallego, Fundo das Figueiras and Cabeça dos Tharases. Without tracing the progress of the

disease from one station to another, in the order of the report, it is enough to say that it was fully recognized to be highly infectious, a point placed beyond the possibility of doubt. The symptoms were those of a formidable type of fever, which Dr. McWilliam has left without a name. There is one fact not readily understood, however flexible and yielding it may be in the hands of the theorist, viz., the gradual alteration in the type of the fever, from mild to severe;—from a simply disturbing sickness, to a fatal, uncontrolled malady.

According to Dr. McWilliam's conclusions, the fever on board the *Eclair* was, primarily, the remittent of the African coast, which is not a contagious disorder; but it acquired contagious qualities in virtue of a series of causes.

Here in America, there is a school of physicians who would be slow to believe that the laws of disease are as flexible as this view of the *Eclair* pestilence represents. They certainly do not often run from one form to another, but maintain their original identity. Thousands may die of a prevailing epidemic, yet the character of the complaint remains the same. Its fatality by no means indicates that its essential elements are altered—but simply an unusually extensive prevalence. Sir William Pym, more bold and confident than Dr. McWilliam, calls the *Boa Vista* sickness, yellow fever, without apology, and gives an unshackled opinion that the steamer carried to that place two diseases, the marsh or river, and the genuine yellow fever. Whereas the medical commissioner, being non-committal, as we gather from the narrative, twists the remittent of the coast into a terribly frightful engine of death; and by a process quite new to the expounders of the laws of disease, alters a non-contagious disease into an actively contagious one.

With regard to the manner of conducting the inquiries at *Boa Vista*, the methodical preparation of the report, and the earnestness with which Dr. McWilliam prosecuted the business of the medical mission, he is deserving of a full measure of praise. No man in England could have done it more acceptably, in all respects save one, already mentioned, viz., the theoretical metamorphosis of a governable disease into an ungovernable one. Leaving the subject here, our thanks are tendered to the author for his politeness in sending a copy of the report to our address.

Poisonous Properties of Sulphate of Quinine.—A pamphlet, referred to last week, embracing a paper that appeared in the April Journal of the Medical Sciences, by William O. Baldwin, M.D., of Montgomery, Ala., will considerably disturb those who rely with over-fondness on the curative properties of quinine. "From all that I can gather," says Dr. Baldwin, "I am disposed to think, that from fifty to eighty grains of a pure article of quinine, given in solution at one dose, will produce death nine times out of ten, in healthy adults, and occasionally even smaller quantities." This is worth remembering by those practitioners who prescribe their twenty grains an hour, twenty hours in succession.

Brown People of Africa.—A recent communication from the Rev. Mr. Wilson, a missionary now residing in Western Africa, whose correspondence appears in the *Missionary Herald*, brings to light an anomaly in regard to the color of the human skin in that land of many wonders. Mr.

Wilson visited the Batanga country, lying on the seacoast, about one hundred and fifty miles north of the Gaboon river, nearly half way to the Cameroon mountains, where he found a race of men, vastly more promising than any people he had before visited. The Batangas appear to be hardly known to white men. They are therefore in happy ignorance of the vices of civilization. Their features differ from the tribes along the coast, and evidently approximate those of the Caffre race, their complexion being dark brown, and not the deep jet black, characteristic of pure African blood. Their language belongs, says Mr. Wilson, to the one great family, prevailing all over that continent, although differing from the Mponwe dialect. Notwithstanding many cruel and horribly savage customs of the Batangas, which are national rights, they are mild and civil to strangers, and would be glad to have a missionary permanently established in their country. Honesty, too, a virtue almost without a locality in Africa, is a bright trait in their character. Who can explain the origin of a brown race? Black is the universal color of the inhabitants of that portion of the globe, with this, apparently, single exception.

American Journal of Pharmacy.—Repeated notices have been given of the character of this modest Journal, which is always rich in matters that intimately concern those who manufacture or dispense drugs. Some of the papers in the August No. are excellent—especially those treating of articles from the vegetable kingdom, of common use in practice. Drug-gists, of all persons, will find this an important assistant in their various manipulations. To keep pace with improvements and discoveries in pharmaceutical chemistry, this vehicle of knowledge is essential.

Braithwaite's Retrospect.—Without repeating a sentiment very frequently advanced, in regard to the intrinsic value of this desirable publication, it is due to the profession to apprise them of the prompt issue of Part XV. of Mr. Adee's uniform edition. The series of Nos. thus far completed, constitutes a digest of all the periodical medical literature of the day, in every country where science is recognized. The work should be liberally patronized, that publishers may not be discouraged in their efforts to give us good books at fair prices. Daniel Adee, 107 Fulton street, New York, is the publisher. Messrs. Jordan & Wiley, 20 State street, Boston, are agents, to whom new subscribers are to apply for any or all the finished Parts.

Portraits of Eminent American Surgeons.—Beautifully-executed likenesses of Dr. March of Albany, and Dr. Mussey of Cincinnati, have been received. Artists have a fine field before them, by continuing the series. A large collection of the portraits of living medical men of eminence in the United States, would be sought with avidity. Philadelphia, New York and Boston, will afford some heads of extraordinary interest to their contemporaries, but especially to their successors in a coming age.

Homœopathy for Horses.—Otis Clapp, of Boston, has in press a "New Manual of Homœopathic Veterinary Medicine, or the Homœopathic Treatment of the Horse, the Ox, the Sheep and the Dog, and other Domestic Animals," by F. A. Gunther. Translated from the third German edition,

with considerable additions. The publisher will soon have the work on sale—a proof sheet having been shown to us last week. Surely this is an exhibition of folly, remarkable even in an imaginary science.

Successful Surgical Operation.—A paper in New Hampshire states that an eminent physician of Manchester recently opened the stomach of a patient, and removed several hard substances which had completely obstructed the passage from it. The patient is doing well, and will undoubtedly recover. The operation was performed in the presence of several gentlemen, and occupied from ten to fifteen minutes. A more full report will doubtless be made of this operation, if, indeed, it turns out that there was anything remarkable in it.

Poisoning by the Arsenite of Copper.—A child of Mr. Andrew Howe, of Townsend, Mass., was poisoned recently with a green card, which was given to it for a plaything. The fluids of the child's mouth dissolved the green pigment, which it swallowed, producing the most alarming symptoms. Antidotes and remedies were promptly and perseveringly applied by the attending physician, Dr. Hitchcock, of Ashby. The child is now well. Dr. Hitchcock ascertained that the green paint which ornamented the card, was composed of *Scheele's green* (arsenite of copper) and *carbonate of lead*, two most virulent poisons.

Medical Miscellany.—A fearful mortality marks the progress of a violent fever that is sweeping over Galicia and Austrian Silicia. The first six months of 1846, the deaths were 1234—but in the corresponding period this season, they were 3188.—John Van Hæzer, of Sullivan Co., Tenn., aged 114, walked, recently, half a mile to vote! He has voted at every presidential election that has been held in the United States.—Dr. Robert T. Spence, of Maryland, has been appointed Assistant Surgeon of the 9th U. S. Regiment.—An eminent physician of New Orleans was called recently, it is said, to Madame Adnet, ill of a slight fever. He wrote a prescription, the directions of which were followed strictly, and a short time only after the medicine for Madame A. was taken, she expired. It subsequently appeared that he had ordered *morphine* instead of *quinine*. The error, which is only explained by the distraction arising from the pressure of professional engagements, is irreparable.

TO CORRESPONDENTS.—Claudian's remarks on Leucorrhœa, and Dr. Crosthwait's report of a case, have been received.

MARRIED.—At Framingham, Dr. G. A. Warren, of Windsor Locks, Conn., to Miss Lavinia Rice, of the former place.—At Cabotville, Miss., Dr. Daniel K. Pearsons to Miss Marietta Chapin.

DIED.—At New Orleans, Dr. G. M. Taft, of Dedham, Mass., 29.—Dr. Samuel Fitch, of North Guilford, Conn., 71.—At New York, Dr. Horatio N. Genthworth, a Surgeon in the U. S. Navy.—At Tampico, of yellow fever, Dr. Hawkins, of Baltimore, Md.

Report of Deaths in Boston—for the week ending Aug. 28th. 134.—Males, 71—females, 63.—stillborn, 1. Of consumption, 12—typhus fever, 13—disease of the bowels, 56—dysentery, 15—old age, 5—colic, 1—canker, 2—asthma, 1—scrofula, 1—convulsions, 2—hooping cough, 3—infantile, 8—apoplexy, 1—debility, 3—mortification, 1—dropsy on the brain, 1—intemperance, 1—scarlet fever, 2—lung fever, 1—cholera infantum, 1—disease of the heart, 1—unknowns, 2.

Under 5 years, 75—between 5 and 20 years, 15—between 20 and 40 years, 23—between 40 and 60 years, 14—over 60 years, 10.

Military Honors.—Considerable excitement exists in the French army respecting an order from the Minister of War, forbidding the burial of the medical officers with the ordinary military honors. One reason given for this order was, the need of maintaining the authority of the epaulette. But as the journals remark, it is difficult to conceive how a few rounds of musketry can detract from this honor; and it is deemed very hard that the same military funeral honors should not be paid to medical as well as to other officers, since they share with them equally in the dangers of the fight. During the existence of the republic and of the empire, these honors were constantly rendered to the deceased medical officers of the army.

Rupture of the Sclerotica and Iris.—Mr. Wollaston, of Bishop's Castle, was called to see a boy 13 years of age, who had met with an accident to the eye, caused by breaking a glass bottle against a stone, a piece of the bottle rebounding and striking against the eye. On examining the organ, the sclerotica was found to be ruptured to the extent of a quarter of an inch, and the iris completely divided; the pupil was triangular in shape, and much contracted, and vision very indistinct; the conjunctiva was not cut; there was a slight effusion of blood in the anterior chamber. The treatment adopted consisted in the application of leeches, the exhibition of calomel, and a black draught, followed by salines, and rest in bed, the eye being covered with a shade during the day-time. In the course of a month the fissures in the sclerotica and iris were perfectly united, the pupil was oblong in shape, and vision nearly restored.—*London Lancet.*

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July 25—*cop*

G. L. COLLINS, Secretary.

Providence, July 12, 1847.

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JEFFERSON MEDICAL COLLEGE.—Session of 1847-48.

THE regular Course of Lectures will commence on Monday, the first of November.

ROBERT DONALDSON, M.D., Professor of Institutes of Medicine, &c.

ROBERT M. HUSTON, M.D., Prof. of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Prof. of General, Descriptive and Surgical Anatomy.

JOHN K. MITCHELL, M.D., Prof. of Practice of Medicine.

THOMAS D. MOTT, M.D., Prof. of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Prof. of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Prof. of Chemistry.

ELLENBIE WALLACE, M.D., Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the Course, Medical and Surgical cases are investigated, prescribed for, and lectured on before the class. During the past year, eight hundred cases were treated, and two hundred operated upon. The Clinical Lectures are so arranged as to permit the student, should he desire it, to attend the Medical and Surgical practice and Lectures at the Pennsylvania Hospital. After the 1st of October, the dissecting rooms of the College will be open under the direction of the Professor of Anatomy and the Demonstrator.

The number of students during the last Session was 453; and of graduates 191.

Philadelphia, July 1, 1847.

July 29—*opt* Nov

R. M. HUSTON, M.D., Dean of the Faculty.
No. 1 Girard Street.

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Aug 25—